

Work Order ID 97050

February-14-13 1:25:59 PM

\*97050\*

Page 1

Item ID: D3969-3 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Spring (Basket Lid)  
 Start Date: 2/13/13 Start Qty: 12.00 \*12\* Cust Item ID:  
 Required Date: 2/25/13 Req'd Qty: 12.00 \*12\* Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 13-02-15 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3969	C

100		0.00							
*100*									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>19113</u>								
	Order as per Dwg D3969								
	Possible supplier: LS Technologies								
	part#: SSA4/8-122-310-360N								
	Material release note is required								

CL 13/02/15 (12)

110	Receive & Inspect for Damage & Mat'l Certs	0.00							
*110*									
Packaging	Memo	0.00							
Packaging									

P 3/4/21 (12)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 97050

February-14-13 1:25:59 PM

\*97050\*

Page 2

Item ID: D3969-3 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Spring (Basket Lid)  
 Start Date: 2/13/13 Start Qty: 12.00 \*12\* Cust Item ID:  
 Required Date: 2/25/13 Req'd Qty: 12.00 \*12\* Customer:  
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Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing  Memo	0.00 0.00				12			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location  Memo	0.00 0.00							
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release  Memo	0.00 0.00							

DAS  
15  
9-83

13.2.21

81272

12x

SP

13-2-22

13/2/25

13-2-22

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
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Material <input type="checkbox"/>												
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Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

February-14-13 10:48:25 AM

Page 1

Work Order ID: 97050

Parent Item: D3969-3

Parent Item Name: Spring (Basket Lid)

Start Date: 2/13/13

Required Date: 2/25/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP RevA: new issue DD 09.11.30 verified by:EC  
10.03.16 verified by:EC

IPP Rev:B as per revC DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
SSA4/8-122-310-360N Gas Spring		Purchased	No			110	Each	0.0000	1	12			

2/13/21

NCR: Yes / No

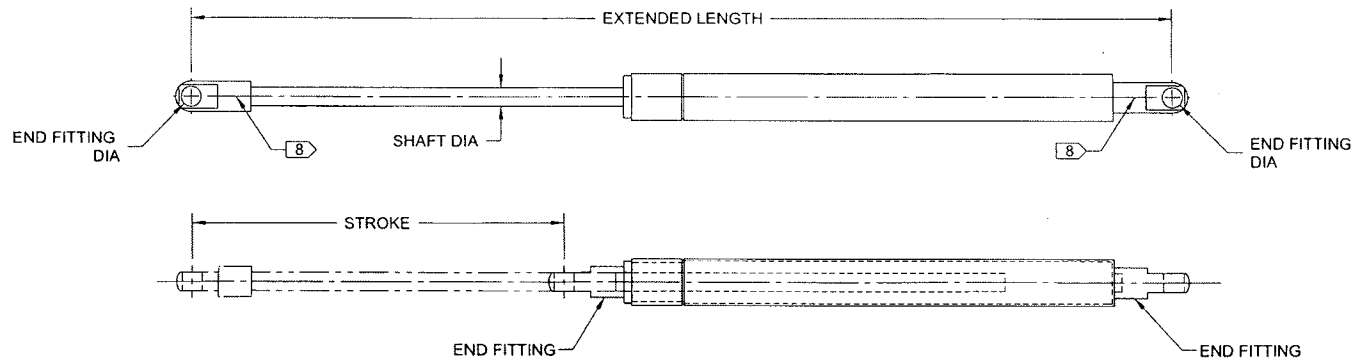
**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Equip/Tooling <input type="checkbox"/>											
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# SPECIFICATION CONTROL DRAWING



**D3969-X SPRING**

DART PART NUMBER	STROKE (mm/in)	EXTENDED LENGTH (mm/in)	SHAFT DIA (mm/in)	FORCE (N/lbs)	END FITTING TYPE	END FITTING DIA (in)	CASING MATERIAL	PREFERRED SUPPLIER	SUPPLIER PART NUMBER	WEIGHT APPROX
D3969-1	120/4.70	315/12.40	6/0.24	310/69.7	BLADE	0.257	STAINLESS STEEL	LS TECHNOLOGIES	SSA4/6-122-315-310N	0.27 lbs
D3969-3	120/4.70	315/12.40	8/0.31	360/80.9	BLADE	0.257	STAINLESS STEEL	LS TECHNOLOGIES	SSA4/8-122-310-360N	0.32 lbs
D3969-5	120/4.70	315/12.40	6/0.24	133/29.7	BLADE	0.257	STAINLESS STEEL	LS TECHNOLOGIES	SSA4/6-122-315-133N	0.27 lbs

## NOTES:

- 1) MATERIAL: SEE CHART
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3969-X" AND B/N USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: SEE CHART
- 8) CRIMP END FITTING AT APPROXIMATE LOCATION SHOWN, PER MANUFACTURERS REQUIREMENTS

SH  
R  
ENG  
UNCON  
SUBJECT  
WITH  
WORK

NO. 97050 MJS  
13-02-15

**RELEASED**  
2010-03-12  
JMD

C	REDRAWN IN SW. ADDED -3 & -5; ADDED SHAFT DIA COLUMN TO CHART. FORCE FOR -1 CORRECTED (WAS 60.0 lbs).	JPH	10.03.04
B	DRAWING RENAMED WAS: GAS SPRING (BASKET LID). NOTE 8 ADDED.	AJS	09.11.10
A	NEW ISSUE	AJS	09.07.27
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	JP	DRAWING NO.	REV. C
MFG. APPR.	N/A	D3969	SHEET 1 OF 1
APPROVED	MD	TITLE	SCALE
DE APPR.	MD	BASKET LID SPRING	NTS
DATE	10.03.04	COPYRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19113

Purchase Order Date 2/15/13

PO Print Date 2/15/13

Page Number 1 of 1

Order From :

VC-LST0001

LS TECHNOLOGIES INC.  
314 JESSOP AVE  
SASKATOON, SK S7N 1Y6  
CA

Contact Name

Vendor Phone

306 683 5000

Vendor Fax

306 683 6403

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
C213/02/13

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	SSA4/8-122-310-360N	Gas Spring	2/20/13 Yes	12.00 Each	FedEx PI collect	\$65.0000	\$780.00

Special Inst: AS PER DWG D3969 REV. C  
B97050

PO Total:

\$780.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr:

1

Change Date: 2/15/13

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required **YES** NO



314 Jessop Ave  
Saskatoon, SK S7N 1Y6

# Packing Slip

P.O. No.	Date	Invoice #
19113	2/19/2013	9537

Name / Address
Dart Aerospace Ltd 1270 Aberdeen St. Hawkesbury, ON K6A 1K7

Ship To
Main Finished Goods Location
Dart Aerospace Ltd
1270 Aberdeen St.
Hawkesbury, ON K6A 1K7

Ship	Via	FOB
2/19/2013	Fed-Ex	

Qty	Description
12	<p>D3969-3 ( SSA4/8-122-310-360N ) Stainless Gas Spring // B97050</p> <p>Shipping Via FED EX Tracking # 794784266942</p> <p>4/3/21</p>



LS Technologies Inc

314 Jessop Ave

Saskatoon, SK, S7N 1Y6

Ph: (306) 683-5000 Fax: (306) 683-6403

**Certificate of Compliance**

This is to certify that the parts listed below meets specifications as required by your order.

**12 Units: SSA4/8-122-310-360N ( D3969-3 ) Stainless Steel Gas Spring**

**Country of Manufacture: Canada**

**Date of Manufacture : Feb 2013**

**This product is ROHS compliant.**

Purchase Order # PO19113

Invoice # 9537

L S Technologies Inc Canada

A handwritten signature in black ink, appearing to read 'Nolan Fehr', written over a horizontal line.

Nolan Fehr  
Manager